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HEALTH-RESORTS AT THE SOUTH.

Read before the Massachusetts Medical Society, at its Annual Meeting, June 5th, 1872,

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THE constantly increasing travel of invalids to southern latitudes, every year more and more arrests our attention, and it need hardly be said, in this presence, that this crusade after health is too frequently begun at the wrong time, imperfectly carried out when rightly begun, and, in very many instances, brought to a premature termination. Whether an invalid—and especially a pulmonary invalid—should go from home at all, should be left implicitly to his physician to determine, who, in addition to careful reflections upon the nature and stage of the malady, will do wisely to inform himself as to the "surroundings" awaiting his patient in the proposed place of his temporary sojourn, and also to assure himself of his ability to command comforts and attention when among strangers. It is worse than useless for those who have not means sufficient to be well cared for, to leave their homes—the invalid cannot "rough it."*

Not every place where people get well from time to time, deserves the name of health-resort. No more—indeed, very often—than the earth-bath about which we were told, not long since, wherein, somewhere "out West," six victims of scurvy

* The *London Lancet* (May 25th, 1872) has some very apt comments upon what it terms the "expatriation of invalids," and which both patients and medical men might peruse with advantage. The writer especially refers to "the careless haste with which this dreadful sentence of banishment is too often pronounced;" and also calls attention to the *costliness* of travelling for health, as a matter to be soberly and carefully considered. "It is scarcely too much to say, that for want of this kind of care and forethought on the part of the physician, hundreds of patients die the miserable death of the exile, who feels that his banishment has hurried him to the grave, and broken the hearts and half-ruined the fortunes of the dear friends among whom he would have been only too glad to die in peace."—(*Loc. cit.*)

were buried, "up to their necks," and left over night. The account goes on to state that the trial as to the curative properties of the earth, in this instance, was unsatisfactory—as a pack of "coyotes" came along, in the night, and "ate the six heads off!" Unfortunately, there are marauders more stealthy and seductive than these wild prairie wolves. The well-known fact of the wide prevalence of ailments coming under the designation "nervous" or "general" debility, noticeable so frequently in young ladies, and distinctly traceable to the immense and exhausting labor of following the gay goddess Fashion, during "the season," at our various watering places and elsewhere—especially just after a hard winter-campaign in the city—furnishes only too ample proof of the assertion. So, too, the fascination of money-making, and the excitements of business-life which are constantly luring or driving men, in our day, into that over-work and utter neglect of recreation which finally breaks down the strongest, should elicit from our profession the most earnest warnings before it is too late—before what a patient lately described as "fatigue in the head," becomes softening of the brain, insanity, or hopeless imbecility.

But what we have mainly in view has more reference to the resorts for pulmonary and throat complaints, than to the gout and rheumatism-curing waters of Sharon, the famed Springs of Saratoga, or the "Geysers" of California—the latest wonder of that wonderful land—whose "steam," arising from the sieve-like crust of the earth, envelops the asthenished traveller as with a mantle of mist, and whose healing qualities are believed to be marvellous.

FLORIDA attracts crowds of invalids and tourists to its delicious climate and tropical scenery. Hitherto, the chief drawback to the enjoyment of these has been the insufficient and very inferior accommodations, and the wretched food—poor in quality and infamously cooked. A great improvement, indeed, has taken place within the past two

or three years, and will doubtless be progressive. Returned travellers; however, this spring, complain not a little of discomforts in the way of crowded conveyances and hotels; and it would appear that suitable food and a knowledge of its proper preparation—especially for valetudinarians—are to be found in only two or three localities. Yet the influx of travellers, and especially the prolonged residence of those escaping from Northern winters and even more dangerous springs, must lead to the increase of good accommodations and of the means and appliances which, while only luxuries to the healthy traveller, are necessities to delicate, susceptible invalids, who cannot live upon climate alone. However balmy the air that steals across the St. John's River, or, more bracing and fresh, tosses the feathery palm-leaves at St. Augustine, the stomach must be catered for, as well as the lungs, and leathery beef-steaks, swimming in the grease in which they have been fried—to fry steaks and chops ought to be made a capital offence by statute—and yet, as is well known, the felonious act is committed in New England as well as farther south—heavy, sour, or saleratus-speckled bread, rancid butter, *et id omne genus*, are not wholesome adjuncts to the superlative qualities of the climate. A patient who has frequently been in Florida, said, recently, that while the air was absolutely medicine to the throat and lungs, and nowhere else could the breath be drawn with such a sensation of comfort and freedom as along the St. John's—and especially at or near Jacksonville—digestion was often seriously disturbed by certain of the causes mentioned. Your strong and healthy tourist, who trudges about Florida, shooting alligators, fishing, rowing, &c., and able to brave heat, fatigue, dirt, doughnuts, pork, and other queer and trying things, cannot appreciate the invalid's annoyances and dangers.

The St. James Hotel, at Jacksonville, is the best in the place, and its table was well provided last year. In the height of the season, invalids will lack suitable attendance unless they take a servant with them. From Magnolia, we have the most favorable reports, describing it as furnishing "a genuine Northern home in that sunny, Southern land." This season, our city and its vicinity have been largely represented at Magnolia, and so much satisfaction have the locality and the provision for the accommodation of guests given, that many propose building cottages

there for winter homes.* The Magnolia establishment commands the accomplished services of Dr. Rogers, formerly at Jacksonville; he is a New England gentleman, long and favorably known in this community.

Hotel accommodation is now pronounced excellent at Palatka. At St. Augustine, the finely-situated hotel at the pier-head was not satisfactory as to its *cuisine* during a short stay we made there in 1870; and we notice similar judgment is passed upon it and the other hotel this year. As they have been liberally patronized, even greatly "crowded," the past season, more successful exertion in the catering department might, not unreasonably, have been looked for. There are two or three very good boarding-houses in the town, where, to our personal knowledge, both good material and excellent cooking are to be had.

The fare on the river boats is not, generally, good. On many of them it is atrocious, and there is great necessity for improvement, before it can be pronounced even safe for invalids to be much upon them. Neither can we compliment very highly the tables of the fine sea-going steamers from New York to the Southern ports. It is true that large numbers of passengers, on account of sea-sickness, in addition to their other troubles, are somewhat indifferent to food and cookery—but

* Plans for several of these have already been drawn by Edward C. Cabot, Esq., of this city, who has been passing the winter in Florida, and four are already erected, at the instance and with the assistance of Mr. J. M. Forbes, by Dr. Rogers, in addition to those connected with the hotel. "The cottages"—writes Mr. Cabot, in reply to a note of inquiry about Magnolia—"contain 12 rooms, and 10 of these have open fire-places. They are provided with earth-closets and water."

We are glad also to add Mr. Cabot's testimony to that of many others this season, in favor of the excellent management at Magnolia. After recounting his unfortunate experiences and most uncomfortable fare everywhere else in Florida—poor food and cooking and lack of proper attendance at hotels—the latter a crying evil which we have ourselves experienced—he thus speaks of Magnolia, where he stopped, as he then thought, only for "a day," on his way home, "disgusted" and ill. "I staid six weeks, and enjoyed every minute. The accommodations were excellent. Everything, including the grounds, clean and neat; the fare excellent and well cooked. The proprietor and landlord were very attentive and kind, and I soon was perfectly well and began to grow fat. The place is situated on an extensive promontory, formed by two creeks. The land is unusually high for the St. Johns, and the soil is sandy. The place is covered with live oak and magnolia; the river is here about four miles wide. In short, for any one wanting quiet enjoyment of the best climate in the United States, Magnolia is the place."

Green Cove Springs, three-quarters of a mile from Magnolia, boast hot baths—sulphur-water of 80°—said to be "very pleasant," and recommended for rheumatism. From a patient recently there, we learn that the proprietor of the hotel then thought the best, was very kind, but the food and cooking not good. Mr. Cabot mentions three hotels now in operation, one of which is "well kept and comfortable."

many others are not, and a reform in these respects is certainly needed.

A few words may here appropriately be said in reference to modes of transit from the North to the South. So far as sick and feeble persons are concerned, there can be no doubt that the steamship voyage from New York to Savannah or Charleston, is by far the preferable mode. From Savannah, a day's or a night's ride, by rail, brings one to Jacksonville, whence conveyance, by boat, to various points is easy. The entire journey by rail is painful, dangerous and exhausting to invalids. To say nothing of its length, the often unavoidable exposure, by change of cars at unconscionable hours—the poor accommodations, if stops are made, &c., more than counterbalance the annoyances and discomforts of the three days' sea-voyage—admitting those to be enough for average mortals.

What class of invalids should go to Florida? Consumptives, undoubtedly—with due discrimination of cases—not those whose days are numbered. Then, many with bronchial affections. More especially are the cases of comparatively dry, irritative cough, and uncomfortable throats, benefitted by the soft air along the St. John's River. Many go to St. Augustine—but as our experience compels us to say, with far less advantage—sometimes with positive harm. The immediate proximity of the sea is the difficulty. However delightful it may be to feel the crisp, fresh breeze coming in from the sparkling, sunlit ocean, over which one gazes with such delight, from the shores down to whose margin the quaint old town has crept, and lazily dreams away its tropical existence—there is danger. We have observed marked aggravation of symptoms in bronchitic patients who had come from Jacksonville, or farther, to St. Augustine. A few days, only, sufficed to show the necessity for immediate return—a favorable result justifying the action. There are many other affections, however, which the more bracing air of St. Augustine would suit far better than the mild, relaxing climate of the interior of Florida. Persons suffering from that nervous or general debility previously alluded to—loss of tone and vigor—or from the so-called "breaking down" from overwork; and doubtless from a variety of other ailments—would do well by sojourning for a time in this oldest town of the States—sauntering among orange-groves, or through gardens fragrant with full-blown roses in March—floating out upon the bright waters, to the signal disturbance of

the shoals of pelicans and other sea-fowl which so picturesquely fill the coves and inlets. The climatic change and contrast obtainable in so few days run from the North, is very striking, and seems like magic. Leaving snow-drifts and bitter, howling winds in Boston, the last of February or first of March, Jacksonville is easily reached in about four days from New York—and you are, as it were, in our mid-summer, breathing a soft, delicious air and surrounded by a wealth of bloom.

Florida is liable to sudden and marked changes of temperature in winter, and sometimes during March. Invalids should be forewarned of this; and the fact constitutes a strong objection to visiting the country too early in the cold season. Some writers have lauded the western or Gulf side of the State as favorable for the establishment of *sanitaria*. Disturnell, in his work on the "Influence of Climate in North and South America"—quoting apparently from Dr. Perrine—cites Key West, and Miami, on Key Biscayne Bay, as "most desirable points for establishing such facilities." Key West is so far to the south that the "Northerners,"* so powerfully felt high up on the Gulf Coast, are doubtless much modified before reaching it—although we have known them sufficiently decided in the city of Havana. When we reach a point so far to the north on the Gulf Coast as Pensacola, therefore, we are not surprised at the following opinion adverse to the establishment of *sanitaria* there, or in the immediate neighborhood, from J. Winthrop Taylor, M.D., U. S. N., for many years stationed at Pensacola. "There," he writes, "during the winters, cold northerly winds prevail, accompanied with heavy rains. These, in my opinion, are insuperable objections against establishing *sanitaria* in that locality."

Somewhat unexpectedly, we find writers pronouncing the winters "more severe upon the Gulf Coast than upon the Atlantic." (Disturnell, *op. cit.*) Observers, however, have thought the climate more equable on the Gulf side; and, if this be so, it would certainly be a great advantage. At present, so far as we are aware, there are no adequate accommodations for invalids there.

Dr. George Hayward, of this city, during a short visit to the South, some years ago, was much struck by the advantages offered

* "A fierce, chilly wind, peculiar to the Gulf of Mexico." (Disturnell *loc. cit.*) It visits Texas and is well known even farther to the south, prevailing at about weekly intervals, from November to March.

as a winter residence for invalids, so far as climate was concerned, by a place in the southeastern part of Alabama. At our request, he has furnished the following short account of its features:—

"It is about 20 miles from Pensacola, Florida, situated on the Perdido River, which divides Florida from Alabama. The soil is dry and marly, well suited for raising vegetables, but not strong enough to grow cotton. Pine trees abounded, and the winds from the Gulf of Mexico, distant a mile or two, came through them loaded with a balsamic fragrance that made it a pleasure to breathe. The drives in the neighborhood were pleasant, wild game abundant, and, from what I could learn from those residing there, the changes in temperature were much less severe than on the Atlantic coast, the weather being, for the most part, like our finest October weather, excepting that once during the winter, ice formed as thick as window-glass, which was considered very remarkable.

"The climate of this region on the Perdido river was regarded, during the Spanish occupation of Florida, as very favorable to diseases of the lungs; and, as it is very accessible, by water, from Mobile, it may yet be selected as the site of one of the *sanitaria* which will doubtless some time be established in this portion of the South."

On account of the extreme and sudden changes of temperature thus occurring, many persons now remain, by choice, at the North through most of February, and with more benefit, also, than they ever experienced in Florida, up to that time—but, when the season of melting snow and raw East winds sets in, they escape to the South, without delay.*

Savannah, Ga., is a very pretty city, and charming to the voyager from the chilly North, as he comes up from his vessel into its balmy atmosphere, and looks out from the windows of his hotel upon the "Square," so pleasantly dressed in the fresh green of Spring; or drives through its shaded and unpaved streets, along which, with their characteristic "lope," the fine Southern horses so noiselessly bear their skilful riders; or wanders through the cathedral-like aisles of Bonaventure Cemetery, where the long gray mosses droop from the trees, and sway, rustling and sigh-

ing in the wind, like banners hung above the dead.

A pulmonary invalid is not likely to linger long in Savannah; at least such is the opinion we have formed from observation and inquiry. There is a great deal of humidity in the air, the situation of the town is mainly flat, and its surroundings, with some exceptions, uninteresting. Yet there are, doubtless, certain cases which would do well there—and many Southern localities can only be fairly tested by a personal trial of their climate.

AIKEN, S. C., long known as possessing a favorable climate for many pulmonary ailments, is most easily reached by rail from Charleston. *Easily* is here a relative term, however—for, as on most of the Southern railways, the rate of progression is snail-like, and the extremely frequent pauses *seem* unnecessary. The roads are, generally speaking, in very good condition—the traces of war-disturbance having been mostly done away—but a little more energy and foresight in their management are certainly demanded. When the transportation of invalids is in question, the matter sometimes becomes very serious. The distance from Charleston to Aiken is about 120 miles; our last trip over the road was by night-train, starting at 7 o'clock. The run—or rather the creep—was made in about twelve hours, an average of ten miles to the hour! The usual average on Southern railways is, perhaps, some five miles better—on some, however, not more than twelve or thirteen miles an hour. How we did stop, and sit still, on that night-ride! Now, to take in water—after having just left a station, where, seemingly, it might as well have been supplied; then, for the conductor to leave some parcels at a "way-side inn," or something resembling one—and to have a little chat, sociably, with the occupants; then, apparently, with no purpose whatever, unless to use up time—out in the moonlit pine woods, with occasionally a "light-wood" fire burning near the track, and a darkey or two sidling about! Very picturesque, doubtless, but how about the weary, worn-out, sick man, or woman, watching the hours, and longing for the journey's end?

The village of Aiken is hardly prepossessing, and straggles about a good deal over its flat, sandy plain, with here and there—especially in its outskirts—some neat homesteads, showing careful hands beginning to make improvements. Most of what may be termed *spruce* about it, however, must be referred to the neighboring woods. Ho-

* We cannot take leave of Florida, and especially of Jacksonville, without referring those in need of a physician to Dr. Mitchell, of the latter place. He is a man of large experience, kind heart and honorable motives; and his incessant occupation shows how well his services are appreciated.

tel-accommodation is good, and private board and lodging, of fair quality, may be obtained. There are two hotels—the Aiken Hotel in the centre of the town, and the Highland Park Hotel. The latter is new, and is finely situated, at one end of the main street, commanding a wide and pleasing view over a densely wooded valley, beyond which some well-shaped hills break the monotony of the desolate “pine-barrens.”

In this connection, it gives us pleasure to refer to the establishment of Dr. W. H. Geddings—“The Pines.” Dr. Geddings is a son of the late Dr. Geddings, of Charleston, S. C., and is well known at the North as a thoroughly educated and most competent practitioner. He refers, in his printed circular, to some of the best physicians of Boston, New York, Philadelphia, Baltimore and Richmond.

In all frequented *sanitaria*, it is a trying sight—even for the healthy, passing traveller—to witness such a collection of sufferers in various stages of disease—in fact, it is one of the great drawbacks of health-resorts at the South. Yet it is wonderful how soon one becomes accustomed to this inevitable presentation of the ills to which “flesh is heir”—so that grim jokes, even, fly about at the expense of the invalid corps, such as the *quasi* word of command, “time for the consumptives to take exercise,” or, “hour for the march of the skeleton brigade”! and these somewhat forced gaieties not infrequently come from members of the “forlorn hope.”

In this genuine pine-barren district the atmosphere is very dry and pure, and, like that of nearly all the surrounding country, admirably suited to many cases of serious lung-disease. A sufficiently careful discrimination of the kinds of cases is, however, hardly ever made; and it is to be hoped that some one of the excellent resident physicians of the region will set forth from the teachings of their large experience some hints for guidance in this direction. And we cannot too strongly insist upon the wisdom and importance, for the benefit and comfort of invalids about going South, of a prior correspondence between their medical advisers at home and those about to have the care of them, as to the advisability of their going, and the fitness, or otherwise, of any particular climate or locality in their cases. Too often, persons with pulmonary trouble rush southward without any proper advice, in a purposeless way, nearly certain to end in disappointment and aggravation of their illness.

Our own impression with regard to the climate of Aiken and its vicinity is that many consumptive cases, where cough is accompanied by profuse expectoration, would be benefitted by the dry, somewhat bracing air. The contrary would be likely to prove true of cases of irritative bronchitis, with dry cough, or with but little cough, and only slight secretion from the bronchial mucous membrane. Rather injurious effects of the climate in these cases, came under our observation—the throat becoming drier and more irritable, and the transpiration from the skin nearly suppressed; whereas, in Florida, with but little, if any, difference of temperature, perspiration was very free—and the softer, more humid atmosphere soothed the irritated lining of the air-passages.

Since the above was written, a valuable article by Manning Simons, M.D., of Charleston, S. C., and published in the *American Journal of the Medical Sciences* for January, 1872, has attracted our attention. It is entitled “Climate in its Relations to the Production, Progress, Amelioration and Cure of Consumption,” and will repay the careful perusal of all interested in so important a topic. It is with much satisfaction we find our impressions of the various southern climates confirmed by so accomplished an observer as Dr. Simons, whose evidence derives great additional force from the fact of his familiarity with their merits and demerits by residence. Speaking of advanced cases of consumption, he remarks as follows: “As to the application of climate to the already developed disease advanced to its later stages, when cavities have formed, or extensive consolidation exists, we may throw our information into the general statement that a locality possessing a warm, dry, moderately stimulating atmosphere, free from excessive variations, is, to the largest number of cases of this character, most suitable.” And, subsequently, in this connection, he says: “In Aiken, S. C., is found a locality possessed of a climate characterized by dryness, moderate range of temperature, comparatively free from extremes of variation, a mean temperature of 61–69°, a tonic property of atmosphere, and a position 120 miles from the sea, with an elevation of 600 feet above the sea-level—properties rendering it eminently suitable to this class of cases.” A degree of parallelism between the climate of Aiken and the so highly lauded climates of the South of France is alluded to by Dr. Simons in the article referred to; and “the great advantage the invalid derives from being

able to spend so much time, day after day, in the open air, in consequence of the equable temperature, clear sunshine, and dryness of the air.

Another point of great importance, and to which we have already referred particularly, when writing of the climate of St. Augustine, is the effect of a *sea-coast* air on those suffering from pulmonary disease. Here, again, we are glad to find that our conclusions, independently made, are most decidedly ratified by the observations and experience of Dr. Simons—who also cites many high authorities to the same effect. We quote, again, from the paper mentioned. "That the pure air of the open sea acts in a very favorable manner we have excellent authority, but it is not so clear that the air on sea-shores is, as a rule, sanitary in its effect." We think it is very "clear" that, in most instances, in the class of affections alluded to, it is very far from "sanitary," often, indeed, injurious, or even perilous. Very strong opinions on this vital matter are enunciated by Dr. Simons—thus: "Experience has amply proved that a mixture of land and sea air, such as exists on all our maritime situations, is unfavorable to delicate lungs, and especially where there is phthisis, or even a disposition to it." He cites several writers, and refers also to certain apparently opposing facts to the above conclusions—the remark, for instance, of Walshe, that while "islands and coast-districts are said to be favorable to the development of phthisis, yet observe that the natives of the Azores, Madeira, Iceland, the Faroe Islands, Marstrand and on the coast of Sweden, spots climatically various as their sites, suffer very slightly from the disease;" and, adds Dr. S., "according to Dr. J. E. Morgan, the disease is rare on the northwest coast of Scotland." *Per contra*, "Fuller states that along the shores of the Mediterranean, in Malta and Madeira, to which localities consumptive individuals are commonly consigned, the ratio of mortality among the natives, from phthisis, equals, and even exceeds, that which obtains in England." [Simons, *loc. cit.**

Notwithstanding, therefore, a certain amount of conflicting testimony, we believe the preponderance of evidence to be in favor of inland, high-lying districts, over

* Dr. Simons likewise refers to the mentioning, by Drs. Coffin and Geddings, "in their brochure on the climate of Aiken, S. C.," "that the same fact obtains also on the coast of Africa, and that whilst on the coast of Egypt the disease is quite common, it diminishes as we advance inland, disappearing almost entirely in Upper Egypt."—(*Loc. cit.*)

sea-coast localities, even in warm climates, not only for serious pulmonary difficulties, but also for what are deemed comparatively slighter ailments—an opinion decidedly expressed, in nearly the same terms, by the writer to whom we have so freely referred. The opinion is, of course, not new; and it is especially fitting, in such connection, to mention the late researches of a distinguished Fellow of this Society,* affording convincing proof of the preference of phthisis for low-lying lands and wet soil. The main point, however, is the choice to be made, by invalids at the South, between seaside and inland, with the same, or nearly the same, temperature.

Our own observations of the climate and peculiarities of the region around Aiken were mostly made at and in the neighborhood of "Montmorenci Park"—formerly known as Montmorenci Springs—about four miles from Aiken, and a most admirable site for a *sanitarium*.† From Montmorenci House, one looks down upon a valley suited to almost any crop, devoted, in part, along its farther slopes, to vineyards, and begirt with the almost ubiquitous pine woods. The grape cultivated is mostly the "Scuppernong," from which a very good wine and passable brandy are made. The soil is of reddish clay and sand. In the centre of the valley, corn and sweet potatoes are grown. As we gazed over this fair expanse in March—our so rude and boisterous month at home—the thermometer registered 78° to 80° (*Fahrenheit*) at about 9 o'clock, A. M., in the shaded piazza. This was rather higher than the ordinary

* Henry I. Bowditch, M.D.

† The property belongs to Capt. Ruxton, a genial, intelligent English gentleman, who is uniting in his efforts to improve the land and incite the neighboring inhabitants to advances in agriculture. The large and convenient house upon the premises stands in a very commanding situation, upon a rocky eminence, overlooking a beautiful valley, and, at a little distance from its cultivated area, is a back-ground of thickly growing pines. An unfailing spring of very pure water rises, with considerable force, from almost the highest portion of the hill upon which the buildings stand—and hence, we conclude, the former name of the place. At our visit, comfort reigned within and around the pleasant, hospitable mansion, and nowhere at the South have we seen so much pains taken to make visitors contented and happy. It is a pity that so fine a situation could not be permanently improved for sanitary purposes, but we learn that the owner has decided no longer to lease it with such intent. Dr. P. A. Jewett, who, with his excellent wife, had charge of the establishment, a year ago, intended, on leaving it, to take quarters in some desirable neighboring locality. Dr. J. is well acquainted with the peculiarities of the climate, is competent to advise, well qualified as a surgeon, served with credit in the army during the late war, is generous, kind and studious to please and benefit those who come under his care. To Mrs. Jewett's personal care and exertions, the guests owed the real home-comforts—culinary and other—to important to invalids.

range for the time of year and hour of the day—and higher than we subsequently noted it, but not by many degrees. Flowering shrubs were in bloom, and everything imaged the lovely June days of New England. In the pine woods, the beautiful, wild *fleur-de-lis* was pushing its bright petals, here and there, through the thickly-strewn pine leaves, and the jessamine swung its light bells, in profusion, all around.

At Montmorenci, everything was done to tempt invalids into the open air, and to do away, or counteract, by pleasant occupation and amusement, those depressing influences which so constantly obtrude themselves where invalids congregate. We saw many who, in spite of their ailments, took a lively interest in the tournaments, barbecues, and sports devised for the negroes. Much better this than sitting moping within doors or lazily rocking upon a piazza. To see the genuine *abandon* of a double-shuffle or break-down, by two ebony individuals, or a butting-match between two juvenile "nigs"—like two goats—one of the scamps being nearly nude, and of whom it was remarked, by the owner of the place, with a ludicrous solemnity of expression, that "no clothing could be kept on him"—served to arouse the flagging spirits of many who otherwise would doubtless have been drooping and brooding over their ailments. Then there were leaping-matches, by athletic, handsome fellows, and a torch-light procession afterwards, winding through the forest like a luminous serpent, while from its ranks arose, by turns, plantation songs and the more plaintive religious melodies so peculiar to the African race. We can conceive of no more desirable additions to superlative climate and well-cooked food than such laughter-provoking and pleasing performances. The negro is proverbially musical, and one of the waiters at Montmorenci, John Page by name, over six feet in height, and admirable in his vocation, was the leader of a sable choir which often serenaded us with their droll or pathetic melodies. John also added poetry to his other accomplishments—as witness the following short effusion, intended to assert the superiority of Montmorenci over Aiken, as a sanitary locality, and in general:—

"Aiken is a growing place,
Few days—few days;
But Montmorenci takes the praise,
And I'm going away!

"Oh the Shanghai chicken he grew so tall—
Few days—few days;
He grew so tall you couldn't hear him crow,—
Few days ago!

"I've got a house out yonder—
Few days—few days;
I've got a house out yonder—
And I'm going home!"

More attention at *Sanitaria* to the development of the amusing and entertaining elements which can so advantageously be brought out, is highly desirable, and would in great measure tend to prevent that natural disposition, among those similarly affected, "to compare notes as to the symptoms and progress of their disease, thereby producing depression of spirits which cannot be dispelled even by the hopefulness which is a peculiar characteristic of consumptives." [Simons.] A private family, or an establishment similar to the one we have described at Montmorenci, certainly has great advantages over the crowded hotel; but of course there are not, and never will be, enough such to supersede the necessity of the latter.

After poetry, a few figures, lest we grow too romantic. Dr. Jewett has kindly furnished the following information in regard to the temperature and climate of Aiken and its neighborhood. The observations were made by him at Montmorenci.

From the 9th to the 31st of December, 1870, the average temperature was 45° of Fahrenheit's scale. Difference between dry and wet bulb, 4°. Bright sunshine during 13 entire days. Cloudy and bright, alternately, 3 days. Cloudy, all day, 7 days. Rainy 4 days. Snow fell on one day only.

January, 1871.—Average temperature, 55°. Difference between dry and wet bulb, 6°. Bright sunshine, 14 days. Sunshine and clouds, 10 days. Cloudy all day, 7 days. Rain fell on 4 days. No snow.

February, 1871.—Average temperature, 57½°. Difference between dry and wet bulb, 5°. Bright sunshine, 12 days. Sunshine and clouds, 6 days. Cloudy all day, 10 days. Rain on 7 days. No snow.

March, 1871.—Average temperature, 65°. Difference between dry and wet bulb, 7½°. Bright sunshine, 17 days. Sunshine and clouds, 5 days. Cloudy all day, 9 days. Rain on 6 days.

"For four months"—writes the Doctor, subsequently—"there were 22 days on which it rained, not all day, but in showers; and 113 days on which no rain fell." During April, 1871, the range of the mercury was noted thrice daily. At 8 o'clock, A.M., the average for the month was 67½°; at 1 o'clock, P.M., a fraction over 73°; at 6 o'clock, P.M., 72¾°. There were occasional showers through the month, but no entirely rainy day. Dr. Jewett adds—"It has been a dry month for April. I cannot

give the difference between dry and wet bulb. We have had dew occasionally during the last ten days of the month."

The extreme evenness of the range of temperature will be remarked, and also the continued pleasant weather and uniform dryness of the air. In a recent letter, Dr. Jewett says—"The time for invalids to be benefitted is from the middle of January to June—and, in some seasons, July. From November to the middle of January, the weather is very variable and sometimes very cold. The cases most benefitted are those of pulmonary hemorrhage—not too far advanced—and bronchial cases of the humid type. Cases of tuberculous disease are no better off here than in any other warm climate. Those who have suffered from protracted fever and ague are always benefitted by a residence here." So far as regards the pulmonary cases, we had reached the same conclusion—as noted in another part of this paper.

In reviewing this somewhat desultory sketch, it may safely be said, that while a perfect and unexceptionable health-resort can hardly be found within the region which has most occupied our attention, certain portions of Florida, on the whole, give us the nearest approach to such a locality. Of late, among the sanitary island-resorts, Nassau, New Providence—Latitude, 25°5' N., Longitude, 77°20'—has been a favorite. Personally, we have no experience of its merits, but, from frequent conversations with those who have, we conclude that it has a warm, delightful, but still rather a humid climate, which, therefore—as might be expected—while it answers admirably the requirements of certain cases, has been decidedly adverse, or at least neutral, in its effects upon others. Quite lately, we were told of an instance where troublesome cough was unrelieved, or even grew worse at Nassau, but immediate improvement occurred on the patient's arrival in Cuba. As yet, moreover, the commissary and culinary departments are not up to the standard desirable for visitors and essential for invalids. But this defect will doubtless be gradually remedied.

Dr. George C. Shattuck, of this city, who has been twice at Nassau, and is thoroughly acquainted with its climate and advantages for invalids, has just given us the following valuable information. The climate he considers to be delightful, and peculiarly suited to phthisical patients from November until the middle of February—just the period, as we have already mentioned, when variability of temperature in Florida ren-

ders it undesirable and even unsafe for invalids to go there. With this view, therefore, the proper course for patients would be to go first to Nassau, remaining during the period indicated; thence by steamer, running fortnightly, to Havana, where a day or two will suffice; thence to Cedar Keys, Florida, and thence to the best localities. Dr. Shattuck also called our attention to the important fact that the harbor at Nassau is constantly *flushed*—no stagnation occurring in bights or pools, &c. This arises from its peculiar conformation, which allows the tide thoroughly to wash, in a straight course, through its whole extent, backwards and forwards—certainly a highly valuable hygienic provision. This is not the case in many other harbors—for instance, the very beautiful one of Havana.

The steamers running from Havana to Cedar Keys—so a friend informs us—are small and not comfortable, with one exception; and the existence of a "bar" at Cedar Keys is sometimes a cause of detention; yet, *faute de mieux*, these deficiencies may be endured, in the hope of better things, by and by. As the same friend suggests, a line of large, safe, and thoroughly sea-going steamers from Havana to Savannah would obviate every difficulty, and doubtless would be well patronized. Previous to the late war, there was such a line.

A word of caution, in conclusion, to invalid sojourners at the South. Do not hurry back because it begins to grow very warm—*hot*, perhaps—by the middle or last of April. Change your quarters slowly. If in May the Floridian temperature becomes excessive, inducing languor and prostration, a move, of course, had better be made. The gravest error you can commit, however, is *suddenly* to exchange the soft, tropical air for the sharp, moist, terribly penetrating, northerly and easterly winds of New England. And remember, especially, that Boston has been not inappropriately styled "The Paradise of east winds"! May is not the month to return in, if your home is at or near Trimountain. Nor is New York city much if any better. Only last season we were cognizant of grievous harm done to one poor invalid, a young man who thus imprudently exchanged climates, by steamer, from Savannah, arriving in New York harbor during the first week in May and in the midst of a north-easterly rain-storm, varied by snowsqualls. All the benefit derived by him at the South was at once swept away. These rash performances are constant; avoid them, therefore, and come *gradually* north-

wards; you will never regret the *festina lente* plan of movement. Although, in a former part of this paper, we strongly advocated the sea-voyage over the land-trip, yet a *returning* invalid runs too much risk to go at once, early in the season, so far as New York. To Baltimore from Charleston might answer. Otherwise the rail is the only alternative, and a divided journey. Stop, perhaps, at Richmond, Va., then at Washington or Baltimore, and linger awhile in the Quaker City. If you reach New York, and especially Boston, by the middle of June, you will find it, generally, early enough. In some seasons, the first of June will do—not usually. Of course, if you remain late at the South, it will be safe to run directly North by steamer. Not a bad rule, otherwise, for your “fitting,” is that which keeps you in view of the earliest fruit of summer—follow the *strawberries*.
231 Beacon Street, June, 1872.

A CASE OF PERITONITIS WITH SINGULAR COMPLICATIONS.

By L. H. LUCE, M.D., Falmouth, Mass.

On the evening of September 21st, 1871, I was summoned hastily to attend a patient who was represented to be suffering severe pain. On arriving, I found a young man, aged 25, of a nervous temperament, lying in bed with limbs strongly flexed, and suffering acute pain over the abdomen. It appeared that, while hard at work, he had been suddenly seized with pain and chills of so severe a nature as to oblige him to discontinue his work and to go to bed. His pulse was 120, small and quick. The recti abdominis muscles of both sides were tense and rigid; there were frequent but ineffectual attempts at vomiting, great tenderness on pressure, especially over the lower portion of abdomen; countenance anxious and expressive of great suffering; tongue coated and red.

From the suddenness of the attack, and from the fact that the patient had been engaged in work requiring great exertion, I thought it was a case of strangulated hernia that I had to deal with. On asking the patient if he was ruptured, he answered in the affirmative. An examination of the inguinal and femoral rings, also of umbilicus and linea alba, did not reveal any symptoms of strangulation. While examining the inguinal ring of the left side, I noticed an absence of the testicle. Carrying the fore-finger up into the tendinous aperture,

the testicle could be readily detected both from its form and from its extreme sensitiveness. Questioning the patient in regard to this anomaly, I elicited from him the statement that, five years previously, while engaged in work, his testicle had disappeared after a violent straining effort. This condition of affairs only increased my fears that it was a case of concealed strangulated hernia; the pain and tenderness being much greater in this region, also tended to make the diagnosis more obscure. Morphia was given, fomentations of hops as warm as could be borne were applied across the abdomen, and the patient made comparatively comfortable.

Sept. 22d.—Had passed several hours of ease, with which exception patient has been in pain, though less intense: pain is compared to gimlets boring into abdomen. Slight nausea with retching. Pulse 120, small. Muscles rigid, excessively tender on pressure. Patient dreads to be moved; has frequent calls to pass water; micturition accomplished with intense pain.

Gave morphia $\frac{1}{4}$ gr.; also the following:

R. Verat. viridis, 3j;

Liq. ammon. acetatis, ʒij.

A teaspoonful every three hours. Ordered ice p. r. n. Fomentations of hops continued.

Sept. 23d.—Has passed a restless night; is delirious, the delirium of a violent character; attempted to get out of bed, and to leave the room in spite of attendant; made attempts to seize the watch while counting the pulse. Urine voided with pain. Expresses himself as feeling well, and is determined to do as pleases him best. Gave a solution containing ten grains of bromide of potassium to two drachms of water every three hours. Omit morphia. Tinctura opii deodorat. 25 gts., if pain should become violent.

Sept. 24th.—Patient easier; pain in abdomen less, but tenderness continues. Pulse less frequent. Passes urine with less pain.

Sept. 25th.—Much the same as yesterday; complains of feeling weak. Tenderness much less. Pulse 80. Beef-tea and wine.

From this date, the patient began to improve slowly under nourishing food, tonics, &c. The 29th, he first had a dejection of a dark and fetid character and in large quantity. Patient made a good recovery, and is at this date engaged in active outdoor pursuits.

This case appears to the writer to present many points of interest. The absence of the testicle, the presence of hernia, the peculiar and inexplicable manner in which

the testicle returned to the abdominal cavity five years previously, make it of unusual significance.

Reports of Medical Societies.

SELECTIONS FROM THE RECORDS OF THE OBSTETRICAL SOCIETY OF BOSTON.
SECRETARY, J. B. TREADWELL, M.D.

Dec. 9, 1871.—Dr. Buckingham, the President, in the chair.

Question of Congested Ovary.—Case reported by Dr. Cotting.

The patient was a lady aged 43 years, mother of four children, the youngest 6 or 8 years old. Monday, Nov. 13th, while under the care of a female physician, the patient began to have pains in abdomen, a little to the left of median line, and on a line with the anterior superior spinous process of the ilium. The pain increased daily, and became quite severe.

Wednesday, 15th, had several hot-water injections per vaginam, as hot as could be borne; these were continued to the third day subsequently, about three times daily. The patient flowed freely, and was directed to eat as much as possible. The diagnosis was "congestion of the ovary."

Monday, 18th, began to vomit, and there was great distress and tenderness in the gastric region. Appetite failed and great disgust for food manifested itself; a little gruel only could be taken. The disorder was now called "gastric fever." Bromide of potassa in water, with tr. aconit. and pil. morph. sulph. (gr. $\frac{1}{4}$) were ordered, and taken several times. These remedies were employed while "congestion of the ovary" existed.

After the commencement of the vomiting, the following drugs were prescribed:—(1) muriatic acid, gentian and rhubarb; (2) dilute nitro-muriatic acid; (3) bicarbonate of potassa and citric acid. Several subcutaneous injections of morphia (gr. $\frac{1}{16}$) were given. Twice castor oil (℥i.) was administered, and followed by dejections, and tincture of iodine was applied over region of liver three times.

Monday, Nov. 27th, the former prescriptions were put aside, and a solution of bicarbonate of potassa and citric acid every hour was ordered.

The following day, Nov. 28th, Dr. C. first saw the patient. He found her feeble, exhausted, sallow and anæmic. Tongue

furred; pulse 110, weak. Nausea continues; distress and vomiting on taking any considerable quantity of ingesta; tenderness over upper part of abdomen. Patient said that the acids had been productive of much distress. Ordered to omit all previously directed remedies, and to have 2 grains of oxalate of cerium and $\frac{1}{32}$ grain of sulphate of morphia in pill every four hours. Gruel, ℥i.—ij., between pills. Absolute rest and warmth.

Nov. 29th.—More comfortable. Pill every six hours.

Nov. 30th.—Improving. Pill every eight hours.

Dec. 1st.—Pill at night.

Dec. 3d.—Convalescent; sat up, and walked to another room.

Dr. Cotting asked if there were any absolutely diagnostic symptoms of congestion of the ovaries without examinations, which few ladies would submit to, and such as the results hardly justified. "Congestion of the ovaries" and "gastric fever" seemed to be very frequent in the routine of certain classes of practitioners.

Dr. Lyman said that he had seen many cases which he regarded as cases of ovarian congestion, as indicated by pain at stool, pain in ovarian region, &c. These he had treated by leeches, warm-water injections, &c.

Dr. Sinclair said that considering the important functions of the ovaries, it would not be surprising if they were often the subjects of congestive attack. He thought, also, that if the ovaries were congested in any given case, the surrounding tissues might become involved and give rise to many of the symptoms, and thus the diagnosis become obscured.

Dr. Read coincided with Dr. Sinclair, and said he thought he had seen some cases of this disease.

Dr. Swan spoke of a case which he considered to be of this kind, characterized by pain in the iliac regions, nausea, &c.

Dr. Richardson had seen one case in Vienna, in which the ovary could be distinctly felt.

Dr. Fifield spoke of a case in which there was flowing, nausea, &c., and a body like a swollen ovary could be felt per vaginam.

Dr. Minot thought a diseased condition of the ovaries, whether it were inflammation, congestion or "irritation," he could not say, was not of rare occurrence. He had met with several cases in which pain and tenderness in the region of the ovaries (chiefly the left), accompanied difficulty or pain in walking, a disposition to flex the

thigh while lying down, and painful menstruation. In some cases the affection seemed to be brought on by excessive dancing, horseback riding, skating, or other exercise. He thought there was no doubt the enlarged ovary could be felt per vaginam in some cases.

Dr. Treadwell thought that most of the cases called "congestion of the ovaries" would, if carefully investigated, be found to be something else, such as congestion of the uterus from displacement or flexion, or a local peritonitis or cellulitis, &c. Among homœopaths, everything of this nature is congestion of the ovaries.

Dr. Cotting said that no one doubted the possible occurrence of ovarian congestion and inflammation; he had recently had such a case. He had asked the question merely to determine whether such was the state of things in the case reported; his own opinion was that his patient, having been exposed to cold, had suffered from a slight local peritonitis.

Difficult Labor from a sharp Prominence at Base of Sacrum.—Dr. Abbot reported the case.

He was called, at 12½, A.M., in consultation, to see the patient, who was a middle-aged, healthy woman. Active labor had existed for six hours. The os was fully dilated and the parts were relaxed; all the liquor amnii had escaped. Examination showed that the head (which was large) had hardly entered the brim of the pelvis; a sharp prominence was detected at the base of the sacrum, its height estimated at two thirds of an inch. The head was in the transverse diameter of the pelvis, with the face to the left.

Dr. Abbot applied the forceps with difficulty—the blades to the sides of the pelvis; the handles locked, but did not quite meet. On traction, they slipped from their hold three times. An attempt was made with one blade as a vectis, to turn the head into a better position, but without success. Dr. Minot, whom Dr. Abbot had sent for to assist him, applied Simpson's forceps twice with the same result. Before resorting to craniotomy, Dr. A. made an effort to change the position of the head by introducing his hand well up into the uterus, all expulsive action of the womb being checked by the use of ether. This attempt was happily successful. So relaxed was the uterus that the head was turned with perfect ease, with the occiput to the front, and the forceps applied over the ears. During their application the head was grasped externally by Dr. Minot, and the blades of the instrument

could be felt, as they were put on, with perfect distinctness through the uterus and abdominal walls. Delivery was accomplished without very great difficulty. The child was large, and of course dead. The left frontal bone showed an indentation an inch and a half long, an inch wide, and about half an inch deep, undoubtedly caused by the prominence of the sacrum. There was also a deep indentation of the right parietal bone, produced by the same cause during the ineffectual efforts to deliver before turning. The forceps had caused a laceration in front of the right ear, which was turned back. The woman had previously borne two living children of good size, without difficulty; a fact which gave plausibility to Dr. Capron's theory of such cases, referred to in the Boston Medical and Surgical Journal of May 30th, page 352. The patient recovered without a bad symptom.

Dr. Abbot said that he had recently examined the woman whose case, in some respects similar to this, was reported at the last meeting, but found no remarkable prominence; the examination, however, was unsatisfactory, owing to the tenderness of the parts, and the resistance of the woman.

Dr. Read said that Dr. Dupee once had a similar case of "projection of the sacrum," in which the child was delivered with great difficulty; and within one month of the present time, he, Dr. R., had been accosted by the same woman, who told him that she had since borne a living child.

Dr. Read also mentioned the following case. The patient, a large, fleshy woman, was delivered of her first child with forceps; of a second by craniotomy; of the third by forceps with great difficulty; the fourth naturally, before he could reach the house; the difference in the character of the labors depending upon the difference in the size of the children.

Dr. Minot said he had attended a lady who had been under the care of another gentleman in her two previous labors, the first of which took place at the 7th month, and the second at the 8th month, the child in each case being delivered with forceps, with great difficulty. The third labor occurred at full term, and was very easy and rapid; and the child was the largest of the three.

Impacted Head.—Dr. Ayer remarked that much had been said about impaction, and its existence questioned; he had seen cases of impaction which were not relieved during relaxation of the uterus.

Dr. Abbot said he did not consider that impaction existed if the head could be

moved in the slightest degree. He thought the term "impacted head" was used loosely in obstetric writings with reference to cases in which there was not absolute immobility. Absolute impaction he had never seen.

Dr. Read doubted whether forceps could be applied in a case of *absolute impaction*.

Dr. Ayer thought that the forceps might be applied to the concavities at the sides of the head in cases of "real impaction."

Dr. Buckingham said that the portion of the head below the brim could swell sufficiently to produce impaction.

Dr. Cotting said that the soft parts of the mother became swollen and bound the head of the child. Some years ago, he had been called by another physician to two cases of this kind not three weeks apart! These cases had been previously under the care of midwives. The pushing back these heads was out of the question; they were firmly fixed, and convulsions had come on, so that craniotomy was performed in both instances.

Dr. Read said there was formerly a midwife in this city whose practice afforded physicians many cases of this kind; he had had cases of impaction similar to those described by Dr. Buckingham, and in which he had used forceps successfully.

Dr. Lyman asked Dr. Abbot why, as the child in his case was dead, he did not perforate, for the mother's sake?

Dr. Abbot said that he wished to avoid doing violence to the feelings of friends and attendants. There was no unusual difficulty at the last in using the forceps. Dr. A. also spoke of the advisability of employing forceps to terminate lingering labors in order to relieve the woman from suffering and exhaustion, and save her from many post-partum complications.

Dr. Lyman asked on what ground we were justified in resorting to forceps if there was progress, although it might be slow.

Dr. Buckingham said that the condition of the os uteri should decide the question. If the labor lingered after the os was dilated, use the forceps.

Dr. Abbot said that in dry labors he thought it important to use forceps to save the child from the danger of pressure on the cord.

Dr. Read mentioned the following case. He was called at 6.30, A.M., to a woman in labor. The pains were normal; the liquor amnii had escaped at 5, A.M.; the pains were rather short; there was a slight tendency to rigidity of the os. He left at 8.30, and saw the patient again at 12.30,

P.M. The os became fully dilated in the next half hour. The left parietal protuberance was in the field of the os. Delivered with forceps at 1.30, P.M. The child, a boy, weighed 10½ pounds. He thought he did right in using forceps, as the woman was small and the body of the child out of proportion to the head, and the latter rather too transverse in position.

Dr. Abbot asked Dr. Lyman why he objected to the use of forceps.

Dr. Lyman said some cases had occurred here in which the results had been of a very unpleasant nature.

Dr. Read said that if forceps were well made, no injury could be done, as the blades were well protected by the head of the child.

Dr. Sinclair said there were some cases in which the perineum would be ruptured whether forceps were used or not.

Dr. Abbot said he did not drag the head through the perineum, but let the uterus push it through, removing the instrument in time to prevent laceration.

Dr. Fifield said that the late Dr. Thaxter, of Dorchester, had left on record a remark to the effect that he had never seen rupture in any case in which he had arrived too late to assist in the labor.

Medical and Surgical Journal.

BOSTON: THURSDAY, JULY 11, 1872.

TRANSPORTATION BY ORDER OF MEDICINE.

UNDER this title, a recent number of the *Pall Mall Gazette* presents its readers with a short contribution which is cynical in spirit, exaggerated in descriptive detail, and prejudicial in its reflections on physicians. Its aim is to set forth the evils of health-resorts and the ill effects attendant on the sending of patients away from their homes to seek for restoration at over-crowded and poorly appointed retreats, which, nevertheless, have a certain reputation for salubrity. It paints a dolorous picture, in most sombre colors, of a young wife, "with weak lungs," sentenced by a London doctor of acknowledged experience, to spend the winter at Malaga or Mentone or in Algiers. The husband of the patient is in moderate circumstances and can ill afford the expense,

but the fiat has gone forth, the only chance for prolonged life has been forcibly indicated in a single word from an experienced but hurried doctor, home is left, business is left and the couple hasten southward. Then, according to this melancholic observer, the troubles of the sick woman just begin. The miseries of travelling, the exposures and discomforts of a poorly ordered hotel, the pitiable cooking, the lack of proper medical attendance at the resort, and even the depressing service of a sanctimonious clergyman, himself an invalid, are all delineated with vivid distinctness. And, pretty soon, the young wife dies, and the reader's obituary comment is supposed to be—"just what the patient might have expected and what the doctor did expect."

This is truly a most lugubrious view to take of change of climate in its influence on health, and is in most striking contrast with the cheerful, we may say fascinating aspect of the same subject which is shown to our readers in the present number of the JOURNAL. The *Pall Mall Gazette* contributor may have aimed at the sensational, but he need not have gone so closely to the edge of falsehood and left his readers to infer that all people who travel for their health inevitably die before they reach home, or that all doctors are in the habit of exiling their patients indiscriminately. The only bit of moral which we can satisfactorily extract from this sad lucubration is that physicians ought to exercise the most cautious discrimination in advising a change of climate; aside from this suggestion, the article is a harmful one.

The science of climatology as applied to medicine is still very crude. Although the subject has been investigated in all sorts of ways, by all sorts of commissions, the physician is still at a loss for really fixed principles to guide him in his choice of health-resorts for his patients. To be sure, the sick man of our time may rest his hope of recovery at the "springs" on some more rational basis than on vows to propitiate the favor of the Naiades, and one is inclined to smile at the Hippocratic ideas of "airs, waters and places" in their curious details and in the quaint minuteness of description and of direction with which they illustrate

the necessity of such knowledge if one "would investigate medicine properly." We have, in our time, discovered also that for salubrity a place must have other characters than an elevated position or a sea-exposure, for the cure of pulmonary disease, and that medicinal springs must possess other qualities than a vile odor and a viler taste to their waters, for the cure of cirrhosis, scrofula or cancer. Yet the very extent to which the practice of exalting the various and multitudinous health-resorts, so-called, is carried, the renewed and almost infinite advertisement, in manifold ways, in medical journals, in newspaper notices, in widely-posted circulars, of the supposed virtues of localities from Iceland to Patagonia, and from Australia to Santa Barbara, as retreats for valetudinarians, points very significantly to the fact that, for the present, at least, the absolute benefits to be derived from a change of climate are a matter for farther investigation and still *sub judice* as regards reliable principles. It may almost be said that fashion dictates which way the tide of invalids shall set, rather than any adequate scientific data.

Let it not be understood that, for one moment, we would under-estimate what has been done already in this matter by scientific observers. Many a healthy and vigorous farmer in Minnesota recalls with gratitude the warning which years ago his Massachusetts doctor gave him concerning a phthisical tendency and the advice then bestowed to leave the New England, consumption-endowed section, and to get a new lease of life on the western plateaux. And within a few days, there has come fresh from the press, a very carefully prepared and a thoroughly digested work from the pen of Dr. Wyman, indicating to the victims of autumnal catarrh or hay-fever the distinctly defined districts where they may escape their annual scourge. To such, transportation by order of medicine is a merciful sentence.

But we would emphasize those parts of Dr. Morland's paper which insist on the necessity of extreme discrimination in selecting the subjects who are best fitted for climatic changes. While the beautiful and healthful localities at the south and west

are so inaccessible, and while the comforts and conveniences, which, to an invalid, are absolutely essential, are so deficient, it behooves physicians to think twice before declaring a judgment the possible issue of which is a miserable "expatriation" of the invalid from his home, with a hurried and painful return when the ineffectual search for restoration is plainly about to terminate in death. So long as the present condition of things, as regards health retreats exists, so long as the well-ordered *sanitaria* are so few in number, so long as the modes of transit and the essential comforts and proper food are so deficient in quantity and quality, just so long should medical men advise the trip southward or westward with deliberate circumspection, keeping always in view the fact that the benefits of the change are profitable to only a small minority of patients, to those, in fact, who are well enough to shift for themselves and to bear the fatigues, the exposures and the discomforts of the journey and of the sojourn without a disastrous expenditure of strength.

After such reflections, it is needless to urge the wisdom of Dr. Morland's counsel that, in every case, the question of the benefits to be derived from a change of climate should be left with the physician as a matter demanding the soundest judgment and the wisest discrimination, and one concerning which the patient himself or his friends can have no adequate opinion.

We are sure our readers will appreciate the importance of Dr. Morland's interesting and valuable paper, and will join us in the desire for more testimony of the same direct and positive kind concerning health resorts.

LEARNED VS. VULGAR CREDULITY—A QUERY.

—"In the seventeenth and eighteenth centuries, it was a very common belief, and accepted on the most slender evidence, that there were poisons in use so subtle that they might be conveyed in a letter, which would prove fatal to the reader, or [might be] inhaled in the fragrance of a bouquet. We might to some extent credit these accounts if we had grounds for sup-

posing that the poisoners of old were skilful enough to isolate the zymotic poisons—the only poisons we know which can be carried in such a way."

We would like, in all seriousness, to ask Prof. Ferrier, from whose very learned lecture on Forensic Medicine at King's College, last May, we take the above extract, on what "evidence" he affirms that we "know" that there are "zymotic poisons;" and, more especially, on what more than "the most slender evidence" do we know that such poisons, if there be such, "can be carried in a letter which would prove fatal to the reader, or can be inhaled in the fragrance of a bouquet"? Has not the term *zymotic*, up to the present time, been merely a learned expression to cover ignorance? Mr. Simon, an undoubted authority, "scouts the notion of any true fermentation," says Dr. Watson, in his last edition; adding that Liebig could only have meant "analogically, just as we all speak now-a-days, of zymotic diseases."

What can be expected of poor "ignorants" if learned professors with their superior knowledge and wisdom show such credulity in their very teachings from the College desk?

We pause for a reply.

SUNSTROKE.—The recent almost unprecedented season of heat, unusual for its intensity and prolonged continuance, gave evidence of its character in an uncommon number of cases of insolation, in this city and elsewhere. The city registrar's mortality report for last week, presents a suggestive exhibition of the fatal effects of the four days' heat, and we are informed that an unusual number of cases of sunstroke and of heatstroke were admitted to hospital treatment.

We propose to present to our readers, in a future number, a comparative report of the methods of treatment employed in the hospitals of this city, for this generally critical affection, with the results attained.

It is said that each year from 100,000 to 150,000 persons in England have typhoid fever.

From British Journals.

ANATOMY OF THE PLACENTA.—At a meeting of the Obstetrical Society of London (reported in the *Medical Times and Gazette*, for June 15, 1872), the President, Dr. J. Braxton Hicks, read a paper on the Anatomy of the Human Placenta. He argued from results obtained by himself from the dissection of specimens, against the theory of John Hunter and others that the uterine sinuses and the cavity of the placenta are continuous, so that the blood passes directly from the former to the latter. He maintained that the force of the syringe used by Hunter was very likely to break through the delicate walls of the vessels and to cause an irruption of blood amongst the villi. The fact that blood is usually found in the cavity of a placenta naturally shed is due to lacerations which easily occur at the time of its delivery.

To substantiate his theory, the author instanced the behavior of uterine hæmorrhage. If the placental cavity were supplied with blood directly from the mother, any rupture into its cavity ought to be attended by severe and prolonged loss of blood, which is not the case.

BROMIDE OF POTASSIUM.—In the *British Medical Journal*, for June 15th ult., Dr. Spender makes the following observations concerning the action of this agent:—

"Although Bromide of Potassium belongs to the same chemical group as potassic iodide, it has very distinctive therapeutic properties. My experience of it in the treatment of epilepsy amounts to this; in a large proportion of cases it relieves (or 'cures') only so long as it is administered. As an American writer (whose name I forget), well puts it, bromide of potassium feeds nerve-tissue as an antidote to convulsion, and therefore requires to be continuously given like food. Certain it is that, if an epileptic patient insist upon leaving off his medicine because he believes himself to be well, a prognosis ought to be given that the malady will probably return. Further, I am confident that the efficacy of the bromide is enhanced by the addition of strychnia; so that our most advanced therapeutic knowledge about epilepsy is now possibly represented by the union of these two medicines."

ON LIENTERIC DIARRHŒA IN CHILDREN.—This form of diarrhœa is described in an article by Dr. Eustace Smith (*Medical Times and Gazette*, June 8, 1872), who reports several cases as illustrations. It is not uncommon among children from three or four to nine or ten years of age, and is ascribed to an abnormal activity of peristaltic action, by which the food is hurried through the digestive tract with a degree of rapidity which allows but little digestion to take place during its passage. The stools are therefore composed chiefly of undigested food, and mucus, with but little fecal matter, and presenting a slimy appearance. The bowels act three, four or more times in the course of the day and either during or directly after meals, each motion being preceded by griping noises, and characterized by excessive urgency. In this variety of diarrhœa food appears to pass with extraordinary rapidity along the alimentary canal, and to be voided in almost the same state in which it was swallowed.

THE ARTERIES IN BRIGHT'S DISEASE.—The *Medical Times and Gazette* of June 15, 1872, reports a recent discussion before the Royal Medical and Chirurgical Society on the condition of the arteries in chronic Bright's disease. Dr. George Johnson contends that in this disease, especially where there is the contracted kidney, there is muscular hypertrophy in all the arteries of the body, causing an increase of the thickness of the muscular coat, due to an increase in the number of the muscular elements. Sir William Gull and Dr. Sutton, on the contrary, believe that this thickening is due to a hyaline-fibroid material, and that the muscular coat is in reality degenerated. Both parties brought forward specimens to substantiate their views. But the verdict seemed to be in favor of Dr. Johnson.

The cause of the error of Drs. Gull and Sutton is attributed to faulty preparation of the pathological specimens and to a misinterpretation of appearances artificially produced. In one specimen where a large vessel seemed to be cut transversely, it was in reality obliquely cut. Its walls seemed enormously hypertrophied; one cause being the oblique section, another that the elements were so soaked as to appear all of one kind. The article states that the elements soaked in glycerine and water were swollen and agglutinated, and presented exactly the appearance described by the authors as hyaline-fibroid.

ON THE USE OF THE BOWL DURING DELIVERY.
—Dr. J. Matthews Duncan, in a paper read before the Obstetrical Society of Edinburgh (*Edin. Med. Jour.*, June, 1872), recommends the use of an ordinary washbowl in the place of cloths, for the purpose of catching the discharges which come from the vulva during labor.

The bowl should be capable of holding two pints, and is to be kept under the hips, if the woman lies on her back, and under the upper and posterior part of the thigh if she lies on her side. It is applicable at all times during the various stages of labor to receive the liquor amnii, the placenta and post-partum hæmorrhage. Dr. Duncan cites a number of cogent reasons for the use of the bowl in preference to the use of cloths.

First. The plan proposed has the advantage of cleanliness. Receiving the discharges in a vessel saves the person of the patient, the clothes and bed linen from being soiled.

Second. The bowl is inexpensive and is always at hand; and for this reason it is particularly applicable in the case of the poor, who form the majority of patients, and who are not always able to provide a supply of clothes adequate to the requirements of an ordinary labor.

Third. The use of the bowl tends to guard the woman from the injurious effects of damp and cold by facilitating the removal of the liquor amnii, blood, meconium, and thus clearing the surrounding atmosphere of noxious germs and decomposing animal matters. Injudicious exposure to dampness and cold is not only incompatible with the comfort of the woman, but is also injurious as promoting disease both directly and indirectly, the influence of cold during and after delivery being particularly dangerous.

Fourth. The use of the bowl possesses the important advantage of enabling the attendant to form a better estimate of the quality and quantity of the discharges. In many cases of flooding it is of no little importance to ascertain with some approach to accuracy the amount of blood that has been lost. Our ideas in this particular must be exceedingly vague, if the fluid has been absorbed by cloths.

A shallow metallic basin (*schalle*), having somewhat the form of a kidney and capable of holding about a pint, is commonly employed in Vienna for the same purpose as the earthenware bowl suggested by Dr. Duncan. This is found to adapt itself more readily to the shape and position of the wo-

man. It is customary to heat it, by dipping it into warm water, before applying it to the patient. This basin is sometimes made of India-rubber. In addition to the advantages enumerated by Dr. Duncan, the basin is particularly serviceable wherever it becomes necessary to draw off the urine with the catheter, and also in case of the involuntary discharge of fæces.—Eds.

PATHOLOGY OF ŒDEMA.—The *British Medical Journal* of June 15, has an article upon the Pathology of Œdema. It states that the influence of the nervous system over the production, as well as the removal and inhibition of dropsies, was pointed out by Dr. Laycock, of Edinburgh, six years ago. His conclusions, drawn from clinical experience, have been confirmed by Ranvier and Goltz. Those of the former show how the nervous system may permit œdema to occur by allowing an excess of fluid to exude from the bloodvessels into the tissues; those of the latter explain the occurrence of œdema from insufficient absorption. The theory that œdema is due solely to venous obstruction is derived mostly from two experiments made by Lower about the year 1680. In one of these, he found ascites to be produced by tying the vena cava within the thorax of a dog; and, in the other, that ligature of both jugulars was followed by œdema of the parts above the ligature, and by increased tears and saliva. This theory received the support of Bouillaud in 1823, who described cases of local œdema resulting from thrombosis, and attributed its occurrence to clots in the interior of the veins preventing them from performing their absorbent function.

Ranvier obtained very different results from the repetition of Lower's experiments. Neither ligature of the jugulars nor of the femoral was followed by œdema. On tying the inferior cava, taking care not to injure or include the nerves, both legs became cold, but no œdema resulted. If, however, one of the sciatic nerves—which Bernard has shown to contain the vaso-motor nerves of the leg—was then cut, the cutaneous vessels of that leg dilated, the color of the limb became rosy, and it felt hot, instead of remaining cold like the other. Within an hour œdema was noticed about the tendo-Achillis, and in twenty hours the leg had become intensely swollen. To show that this effect was due to division of the vaso-motor nerves of the leg, and not to the paralysis consequent on the division

of the motor fibres of the sciatic, the experimenter divided the latter class of nerves and left the vaso-motor unharmed. There resulted complete paralysis of the leg, but no œdema occurred. These experiments seem to show that venous congestion alone is not sufficient to produce œdema. The experiments of Goltz, now to be mentioned, support the view that the œdema which followed the section of the nerve was due to an unusual amount of fluid being poured out from the dilated vessels.

Goltz rendered two frogs motionless by poisoning them with curare, and then destroyed the brain and spinal cord of one, while he left those of the other unharmed. He then injected a solution of common salt into the lymph-sac of each, and found that from the divided aorta of the one whose brain and spinal cord had been destroyed, not a drop of fluid fell, though the hearts of both continued to beat, while from the other, at first pure blood, then diluted blood, and at last a colorless fluid flowed, and that just in proportion as the fluid which trickled from the aorta filled the vessel which was placed to collect it did that in the lymph-sac diminish. Having thus shown that destruction of the nervous system arrests absorption, he also found that when the nervous centres were stimulated the rapidity of absorption was much increased.

In some additional experiments, he found that destruction of the nervous system allows fluid to exude more easily from the vessels, as well as hinders its absorption into them. This result coincides with those attained by Ranvier.

"The absence of œdema in one person and its presence in another, without any difference in the amount of venous congestion in the cases, as well as its occasional occurrence in an individual without any increase in the congestion being perceptible, are readily explicable in the light of the facts proved by Ranvier and Goltz, that congestion alone does not produce œdema as long as the vaso-motor, or rather absorbent, nerves are active, but does so as soon as their power is lessened or destroyed." The retention of urinary products in the blood is a source of irritation to the vaso-motor centres, and in cases of renal disease where this retention occurs we might predict, what clinical experience shows to be true, that œdema would not occur. "We should also expect that the application of any irritation to the vaso-motor centre, such as might be produced by pressure, would cause the absorption of dropsical fluid already effused; and this

centre being situated within the cranium, the concurrence of cerebral symptoms with the disappearance of œdema thus becomes readily intelligible."

A NEW METHOD OF TREATING HYDROCELE.—

Hydrocele is one of those affections, which, at different times, has had a great variety of treatment. Among the plans resorted to from time to time may be mentioned:—1, *Treatment by acupuncture*; 2, *the application of an evaporating lotion*, such as muriate of ammonia; 3, *simple tapping*; 4, *laying open the sac*, a plan now abandoned; 5, *excision of a portion of the tunica vaginalis*, also now given up; 6, *evacuating the fluid and introducing some caustic on the end of a probe*; 7, *the introduction of a tent into an open wound*, as performed and praised by Paré, Larrey, and others; 8, *passing a seton through the vaginal sac, and there retaining it for twenty-four hours*, a procedure similar to the last, and said to be common among the Arabians; 9, *tapping and injecting the vaginal sac*, an operation first recommended by Celsus, who advised nitre as the best injection. This plan was revived by Monro, the elder, and of late years popularized by Sir Ranald Martin, whose claim to originality lies in his choice of iodine as the most suitable stimulating agent. This has practically superseded all other modes.

All these plans are open to one common objection, viz:—that they are occasionally unsuccessful, and at times even hurtful in their results. Dr. S. Messenger Bradley of Manchester (*British Medical Journal*, June 1, 1872), suggests the plan of *tapping and strapping* as a simple and in most cases efficient means of cure, and one which should in all cases be tried before the injection of iodine or other stimulant is resorted to. This method is based upon the fact that the walls of pyogenic membranes, such as those of abscesses, sinuses and the like, will often agglutinate when brought into firm and continual apposition. Dr. Bradley argues that inasmuch as the secretion poured out in hydrocele is of an inflammatory, and not a dropsical character, his mode of tapping, and then firmly strapping the affected side with soap-plaster will generally be followed by an obliteration of the vaginal sac, and a consequent radical cure. The pressure should be continued for several weeks. The result of this treatment in the four cases in which it has been applied appears to bear out fully the conclusions of the writer.

"KIDINGA PEPO."—Dr. James Christie, physician to the Sultan of Zanzibar, gives in the *British Medical Journal* for June 1, 1872, an interesting account of an epidemic known in that island under the above title, which means "cramp-like pains produced through the agency of an evil spirit." Dr. Christie considers this affection as closely allied to, if not identical with the contagious disease known as dengue or scarlatina rheumatica (a careful description of which has been given by Dr. Wood). It prevails chiefly in Rangoon, Calcutta, Berhampore, Patna, Benares, and Chunaighur in the East Indies; the island of St. Thomas, the ports on the Gulf of Mexico, the Southern States of America, and the cities of New Orleans, Savannah, Charleston, Philadelphia and New York. The dengue was epidemic in America in 1824-'28, in 1847-'50 and more recently an epidemic is described as having occurred in Virginia (*Amer. Med. Times*, Feb. 16, 1861). The symptoms of the affection are characteristic and well marked, occurring in regular order of sequence. The most prominent of these are pain and stiffness of the muscles and small joints, which swell; this is succeeded by a general febrile state, and on the third or fourth day the appearance of a cutaneous eruption resembling at some times scarlet fever, or erysipelas, and at others the measles. There is also swelling of the lymphatics of the neck, axilla and groin. The disease continues from seven to eight days, and terminates in desquamation of the cuticle. In the epidemic here described, it was observed that the mucous membrane of the mouth, nose and throat were implicated by the redness and tenderness of these parts, while in severe cases an aphthous eruption appeared, giving rise to a painful tumefaction of the lips and nose. Dr. Christie's knowledge is derived not only from observation of a large number of cases, but also from personal experience, having himself been the first European to be attacked with the disease. In case of a previous epidemic in this island, it was affirmed by the natives that the symptoms were more severe, and that there were many deaths, especially among children. It was also stated that in many cases the stiffness of the joints was permanent, and that the joints remained large and hard, indicating chalky deposits.

The mortality in London during the last week of June was at the rate of 22 deaths annually in every 1,000 of the population.

From American Journals.

ACTION OF CHLORAL.—In the *New York Medical Journal* for June, 1872, Dr. Robert Amory, of Boston, details an account of "experiments on animals, disproving the theory that chloral hydrate acts on the organism on account of its decomposition into chloroform, by the alkaline carbonates in the blood." The following is an extract: "From the above experiments, it will be seen that it is not possible to obtain decomposition of chloral into chloroform when the former is mixed with warm, fresh blood, and it is hardly probable that this decomposition occurs in the organism. The decomposition does not occur if the solution of chloral is separated from the blood by a membranous substance such as a sheep's bladder. If, on the contrary, the blood is made strongly alkaline by the addition of caustic soda, the decomposition suggested, but never proved, so far as the author of this article can determine by Liebreich, Richardson and others, does take place. Now, it is hardly possible to suppose that a dose of chloral received into the stomach can pass through the tissues and be absorbed by the blood, any more readily than could have occurred in the fifth experiment related, where a sheep's bladder only lay between the chloral solution and the liquid blood."

The author concludes that we cannot at present admit the theory that the symptoms following the use of chloral are the same as we obtain in chloroformization.

XYLOL.—Dr. Moffett, of Philadelphia, reports in the *Philadelphia Medical Times* for June 15th ult., a case of confluent variola in which he used this remedy. The patient was a German woman, æt. 42. She was fast sinking under his usual method of treatment. On April 8th, her pulse was 155, respiration 50; ends of fingers and nails purple, and in every way her condition was unfavorable. He prescribed:—

R. Olei xylol, gtts. c.;
Pulv. acaciæ, q. s.;
Syrupi simplicis,
Aque, aa ʒj. S. Teaspoon-

ful every two hours.

The next day all the graver symptoms had disappeared, and April 19th she was able to go about the house. Dr. M. has tried this remedy in a number of cases since, and its use has always been attended with the most happy results.

Per Contra.—We are informed by Dr. Webb, Physician to the Smallpox Hospital in this city, that, after a faithful trial of xylol, he has become convinced that it is not only useless as a curative agent in variola, but that it does positive harm. He found that its exhibition produced such gastric irritability as to preclude the taking by the patient of a sufficient amount of nourishment, and to secure the latter most important point in the treatment he was obliged to suspend the drug, before the close of the disease, in all except the mildest cases.—Eds.

COLD FOOD FOR INFANTS.—Under this heading, Surgeon King, U.S.A., writes to the *Philadelphia Medical Times* as follows:—"Our best authorities direct that the [cow's] milk should be given to the child at the same temperature as that of the mother's milk—from 90° to 95° Fahrenheit—and, when great accuracy is required, a thermometer employed. On reflection, it is obvious that these instructions can never be carried out so that the little one will take all its food at the same temperature; for during a meal the bottle becomes cold, and there may frequently be considerable difference of temperature between the first and the last milk imbibed by the infant. It is unnecessary to state that very little will upset the feeble powers of the digestive organs in the early days of infantile life; and this difference in the temperature of the food, I am disposed to believe, is one of the causes of gastric and intestinal disorder which we so often have to deal with among infants brought up by hand.

"Instead of giving warm milk, I have adopted the plan of giving cold milk entirely—ordering the babe's bottle to be kept standing in iced water in the summer and in a cold place in winter. This method I have found, from practical experience, to answer remarkably well. If there is any tendency to diarrhoea, I recommend the milk to be heated to 212° F., and afterwards allowed to get quite cold before being used. In private practice, I am of opinion that bottle-fed infants generally have their food given them too warm. * * * They soon like it even better than warm food, and during the weething period cold milk seems especially agreeable to the inflamed gums of the little sufferers."

The above plan for the preparation of food for infants is worthy of trial. We all

know the difficulty of having artificial food properly prepared, notwithstanding minute directions are given concerning it and the importance of keeping the nurse-bottle scrupulously clean. Many devices are resorted to by those who have the care of infants to avoid the trouble of freshly preparing the food every time it is wanted, and the temptation is great, particularly at night, to have in readiness a quantity sufficient for several meals. As a consequence come the various disturbances to the system resulting from the ingestion of food which is often sour before it is taken. If it can be given cold without detriment to the child, there seems to be no good reason why the diet should not always be fresh.—Eds.

PREGNANCY COMPLICATED BY SCIRRHUS DISEASE.—At a recent meeting of the San Francisco Medical Society (*Pacific Med. and Surg. Journal*, June, 1872), Dr. Gibbons reported the facts of a case, and desired the opinion of the members regarding it. A woman is now pregnant with her fifth child, and has a hard tumor, probably scirrhous, the size of half an English walnut, on the posterior lip of the uterus. Dr. Gibbons wished to know whether it would be proper to excise the tumor at the risk of causing abortion, or to cause abortion first and then excise the tumor.

In reply, one member stated that he would not remove the tumor unless it should grow to such a size as to interfere with delivery. If the tumor were now excised it might cause abortion, and he apprehended that if abortion were induced the progress of the disease might be accelerated.

Another member thought that it accorded with universal experience that cancer is stayed in its progress by uterine evolution; that cancer of the breast is often delayed in its progress by lactation. He agreed with the previous speaker that the tumor should not be removed.

TERRIBLE DEATH RECORD IN NEW YORK.—The deaths last week, ending at noon Monday, were 1569, the largest death-roll of any week in the history of the city. There will be a general inspection of the tenements throughout the city by physicians of the Board of Health, made necessary by the great mortality.

Medical Miscellany.

THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.—Dr. Henry W. Williams, of Boston, President of the American Ophthalmological Society, sailed for Europe on Tuesday in the "Italy" from New York. Prof. Williams goes out to attend the International Ophthalmological Congress to be held in London August 1st next.

We learn that Drs. B. J. Jeffries and Hasket Derby, of this city, will also attend the same Congress.

BOSTON CITY HOSPITAL APPOINTMENT.—Dr. George J. Arnold has been appointed a Visiting Physician, vice Dr. J. P. Reynolds, resigned.

DR. FRANCIS DANA, who died in Cambridge recently, was a son of Francis Dana, Esq., brother of the poet Dana. He was educated at Harvard, with the class of 1827, but left College before graduation to engage in the study of medicine. Receiving his degree in 1831, at Harvard Medical School, he practised for some time in the western part of the State and in more distant sections. The last years of his life he was librarian of the American Academy of Arts and Sciences. In 1867, at the request of his classmates, he had the degree of A. B. conferred upon him, so that he might thereafter appear on the record as a member of the class in full standing. He was highly esteemed as a gentleman of the strictest integrity, and as a man of science. At the time of his death, he was 65 years of age. His health has long been precarious, and death was not unexpected.

We learn that Dr. F. I. Knight sailed from London July 2d, in the Algeria for New York. As heretofore, his office will be at Dr. Bowditch's residence, 113 Boylston St.

WEEKLY MORTALITY OF BOSTON.—There was a frightful increase in the rate of mortality in this city the last week, the number of deaths according to the report of the city registrar being 228, while that of the previous week was 126; an increase of 102. There were 28 cases of fatal sunstroke reported, but it is probable that several of those reported from other causes were occasioned by sunstroke. The children, as usual, were most affected by the heat, 105 of the number of deaths being those of children under five years of age. There were 34 fatal cases of cholera infantum, the largest number of deaths from any one complaint.

SMALLPOX IN BOSTON.—During the three months ending with June, 373 cases of smallpox were reported to the city physician, and there were 101 deaths.

THE DEATHS FOR LAST WEEK IN PHILADELPHIA were 764, an increase of 350. One-half of the deaths were children under a year old.

TREATMENT OF DIABETES INSIPIDUS.—M. Gueneau de Mussy, in a clinical lecture at the Hotel Dieu, recommends the administration of full doses of belladonna, and sulphurous baths, in the treatment of diabetes insipidus. He has twice found belladonna to accidentally produce anuria. Its use in incontinence of urine is well established. Systematically employed in diabetes insipidus, it has diminished the quantity of urine passed from ten pints to two pints *per diem*. The sulphurous baths bring the skin to the relief of the kidney.—*Brit. Med. Journal*.

ERRATA.—On page 425 of the JOURNAL for June 27, line 17, for "privilege" read *pupilage*. On page 11 of the number for July 4, read *pour* instead of "for."

PAMPHLETS RECEIVED.—Annual Reports of the Board of Visitors, Trustees, Treasurer and Superintendent of the New Hampshire Asylum for the Insane. Pp. 54.—Timely Counsel, or Short Essays on Social Subjects. By Surgeon-Major T. Atchison, M.R.C.S.E., L.S.A., &c. London. Pp. 102.

Deaths in sixteen Cities and Towns of Massachusetts, for the week ending July 6, 1872.

For the week ending July 15, 1891.		
Cities and Towns.	No. of Deaths.	
Boston	228	Somerville 6
Charlestown	9	Haverhill 3
Worcester	38	Holyoke 31
Lowell	24	
Chelsea	7	443
Cambridge	10	
Salem	14	
Lawrence	28	
Springfield	18	
Lynn	12	
Fitchburg	3	
Taunton	8	
Newburyport	4	

Prevalent Diseases.	
Cholera Infantum	89
Consumption	47
Sunstroke	30
Pneumonia	29
Measles	15
Scarlet fever	13
Dysentery & Diarrhea	12

There were nine deaths from smallpox in Boston and one at Holyoke.

Of the deaths from sunstroke, twenty-eight were in Boston.

Of the deaths from cholera infantum, thirty-four were in Boston, thirteen in Worcester, eleven in Springfield, and ten in Lawrence.

Of the deaths from measles, eleven were in Holyoke. Of the deaths from scarlet fever, six were in Worcester.

Secretary of State Board of Health.

DIED.—In Cambridge, 8th inst., Francis Dana, M.D., a graduate of Harvard University, aged 65.

DEATHS IN BOSTON for the week ending Saturday, July 6th, 228. Males, 143; females, 85. Accident, 8—apoplexy, 4—inflammation of the bowels, 3—disease of the bowels, 1—bronchitis, 4—inflammation of the brain, 3—congestion of the brain, 8—disease of the brain, 10—burned, 1—cerebro-spinal meningitis, 3—cancer, 2—cholera infantum, 34—chorea morbus, 2—consumption, 24—convulsions, 5—croup, 1—debility, 4—diarrhea, 4—dropsy, 3—dropsy of the brain, 2—drowned, 2—scarlet fever, 4—typhoid fever, 4—gastritis, 1—disease of the heart, 5—hemorrhage, 2—disease of the kidneys, 4—congestion of the lungs, 2—inflammation of the lungs, 6—marasmus, 12—measles, 1—old age, 1—paralysis, 1—pyemia, 1—premature birth, 2—peritonitis, 2—puerperal disease, 1—rheumatism, 2—disease of the stomach, 1—suicide, 1—smallpox, 9—sunstroke, 28—teething, 3—whooping cough, 3—unknown, 6.

Under 5 years of age, 105—between 5 and 20 years, 18—between 20 and 40 years, 59—between 40 and 60 years, 28—above 60 years, 18. Born in the United States, 147—Ireland, 64—other places, 17.